

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pollard	Daniel	E.	(808) 527-8018
MAILING ADDRESS (Street) Legal Aid Society of Hawaii 924 Bethel St.			FAX (808) 527-8088
(City) Honolulu	(State) HI	(Zip Code) <del>96816</del> 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Legal Aid Society of Hawaii			TELEPHONE (808) 527-8018
MAILING ADDRESS (Street) 924 Bethel St.			FAX (808) 527-8088
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Legal Aid Society of Hawaii		(808) 527-8018
MAILING ADDRESS (Street) 924 Bethel St.		FAX (808) 527-8088
(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT WAYNE KEAWE		TELEPHONE 536-4302
MAILING ADDRESS (Street) 924 Bethel Street		FAX 527-8040
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1-2-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Wayne Keawe

Comptroller

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Legal Aid Society of Hawaii

(808) 536-4302

MAILING ADDRESS (Street)

FAX

924 Bethel Street

(808) 527-8088

(City)

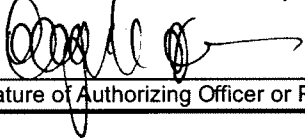
(State)

(Zip Code)

Honolulu,

HI

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

1/2/07

(Date)